

ZYVOX (LINEZOLID)

Zyvox is indicated only for MRSA, MSSA, and VRE infections.

Prescriptions must be written by or at the request of a designated specialist shown below under Specialty of Physician Consultant.

Date: _____

Patient's Name: _____ **Date of Birth:** _____

Patient 9 Digit IDPA No. _____

Is This a Renewal Request? ☐ Yes ☐ No

Was Zyvox Started in the Hospital? ☐ Yes ☐ No

Culture Report: _____ **Location of Infection:** _____

Requested Dose: _____ **Length of Therapy:** _____

Physician Consultant's Name: _____

State License _____ Office Tel: _____

Specialty Of Physician Consultant: ☐ Infectious Disease ☐ Hematology/Oncology
☐ Critical Care ☐ Surgery (All Fields)
☐ Nephrology

Prescribing Physician's Name (If Not Consultant): _____

State License # Office Tel.#

Pharmacy Name: _____ Tel.# _____

ALL REQUESTED INFORMATION MUST BE SUBMITTED OR APPROVAL WILL NOT BE GRANTED.

Fax to 217-524-7264 Attn: Medical Committee

All Information Is Confidential And To Be Used Only By IDPA Personnel Involved In The Prior Approval Process
Revised 03/17/03, 8/24/04